DATELY ADDITIONAL PER DESCRIPTION								Application of Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								1	990	3 7	A 9	//	
OLAIMC AC FILED DADT I											0//	50	
(Column 1) (Column 2)							SM TY	ALL EI	YTITY	OR	OTHER SMALL I		
TOTAL CLAIMS			/1					RATE FEE			RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		-	SIC FEE		OB	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		· A			X\$ 9=		1,	X\$18=		
INDEPENDENT CLAIMS			1 minus 3 =		-			X40= 4/0		OR	X80=		
MULTIPLE DEPENDENT CLAIM P								A40= / J		OR	∧6U=		
Ш							+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						T	OTAL	395	OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER		
		(Colum			(Column 3) SM		MALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	± 5	NUM PREVI	IBER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 1. m/s	Minus	**		=	,	K\$ 9=		OR	X\$18=		
	Independent	* 20.	Minus ***			=	;	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=			+270=		
							Ľ	TOTAL		OR	TOTAL		
								OIT. FEE		OR	ADDIT. FEE	,	
		(Column 1)			mn 2) HEST	(Column 3)	1 —			1		1001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT. EXTRA		RATE .	ADDI- TIONAL FEE	. :.	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] >	(\$ 9=		OR	X\$18=	*	
	Independent	*	Minus	***		=		X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	TCLAIM		┚┟	135=		OR	+270=		
							<u> </u>	TOTAL DIT. FEE			TOTAL		
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE	. •	
		(Column 1) CLAIMS		HIGH	HEST	(Column 3)	1 —		ADDI-	1	<u> </u>	ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	J F	RATE	TIONAL FEE	:	RATE	TIONAL FEE	
	Total	•	Minus	**		=] >	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=] [;	K40=		OR	X80=	(f	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├─			On I			
* // N										OR	+270=		
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	ii ine Highest Nur The "Highest Nurr	mber Previously Pa ber Previously Pa	aiu For IN IH id For" (Total o	r Independ	וו פפשו פו dent) is the	and, enter d. e highest numbe	er found	in the ap	propriate bo	x in col	lumn 1.		